

FORM COR-PAC

CORRECTION/AMENDMENT AFFIDAVIT FOR POLITICAL COMMITTEE

1 ACCOUNT # 00015509	2 PAGE # 1 of 6
----------------------	-----------------

3 COMMITTEE NAME Home Builders Association of Greater Austin Home PAC Corporate	OFFICE USE ONLY	Date Received
4 TREASURER NAME FIRST MI LAST Savio, Harry (Mr.)	Date Hand-delivered or Date Postmarked	Date Processed
5 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Other (specify) _____	Date Imaged
6 ORIGINAL PERIOD COVERED	Month Day Year Month Day Year 10/26/2014 THROUGH 12/08/2014	Legal

7 EXPLANATION OF CORRECTION
I erroneously entered an incorrect date. The proper date should have been December 16, but this amendment remains a timely filing.

8 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: This report is an amendment/correction to a semi-annual report due on or after September 1, 2011. If amendment/correction is filed on or after the eighth day after the original report was filed, I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports (excluding semiannual reports): I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Harry Savio

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by _____ this the ____ day of _____, 20 ____
to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

RECEIVED IN THE OFFICE OF CITY CLERK
 City of Austin
 Office of the City Clerk
 P. O. Box 1088
 Austin, Texas 78767
 12/15/14 4:15 PM
 City Clerk

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00015509	2 PAGE # 2 of 6
3 COMMITTEE NAME Home Builders Association of Greater Austin Home PAC Corporate		OFFICE USE ONLY Austin City Clerk RECEIVED 2014 DEC 8 PM 4:36	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8140 Exchange Drive Austin, TX 78754		Date Received Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Harry	Receipt # Amount Date Processed Date Imaged	NICKNAME LAST SUFFIX Savio
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8140 Exchange Drive Austin, TX 78754		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT/SUITE#; CITY; STATE; ZIP CODE 8140 Exchange Drive Austin, TX 78754		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 454-5588 111		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/26/2014 12/08/2014		
11 ELECTION	ELECTION DATE Month Day Year 12/16/2014	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME Home Builders Association of Greater Austin Home PAC Corporate		ACCOUNT # 00015509
13 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (identify by name or, if applicable, classify by party)	A. Supported
		B. Opposed
	2. Measures (describe by date and location of election and nature of issue)	A. Supported
		B. Opposed
	3. Officeholders Assisted (identify by name or, if applicable, classify by party)	
	14 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED (OR \$100 OR LESS IF QUALIFIED FOR HIGHER THRESHOLD) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold.
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 15,785.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,434.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 73,281.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Harry Savio

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 4/6	
2 FILER NAME Home Builders Association of Greater Austin Home PAC Corporate		3 ACCOUNT # (Ethics Commission filers) 00015509	
4 Date 12/02/2014	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Austin Fire Fighters Association 6 Contributor address; City; State; Zip Code 7537 Cameron Road Austin, TX 78752-2013	7 Amount of contribution (\$) \$15,000.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Political Action Committee		10 Employer (See Instructions) Austin Firefighters Association	

(If travel outside of Texas, complete Schedule T)

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 5/6	2 FILER NAME Home Builders Association of Greater Austin Home PAC Corporate	3 ACCOUNT # (TEC filers) 00015509
--	--	---

4 Date 12/08/2014	5 Payee name Bludworth, Naomi
-----------------------------	---

6 Amount (\$) \$630.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 1309 W. Lakeland Drive Austin, TX 78765
---	--

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Print Design <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 11/20/2014	Payee name Mike Levigne Public Relations
--------------------	---

Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 1514 Rich Creek Rd Austin, TX 78757
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAC Board Consulting Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/01/2014	Payee name Mike Levigne Public Relations
--------------------	---

Amount (\$) \$3,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 1514 Rich Creek Rd Austin, TX 78757
--	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> PAC Board Consulting Services <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought:	Office held:
---	-------------------------------	----------------	--------------

Date 12/01/2014	Payee name United States Postal Service
--------------------	--

Amount (\$) \$2,665.70 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7700 Northcross Drive Austin, TX 78757
--	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> District 10 Direct Mail <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Sheri, Gallo	Office sought: City Council District 10	Office held:
---	---	--	--------------

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 6/6	2 FILER NAME Home Builders Association of Greater Austin Home PAC Corporate	3 ACCOUNT # (TEC filers) 00015509
--	--	---

4 Date 12/02/2014	5 Payee name United States Postal Service
-----------------------------	---

6 Amount (\$) \$6,506.47 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address City; State; Zip Code 7700 Northcross Drive Austin, TX 78757
---	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> City-wide Issues Expense <input type="checkbox"/> Check if Austin, TX, officeholder living expense
---------------------------------	---	--

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought: Office held:
--	---

Date 12/03/2014	Payee name United States Postal Service
---------------------------	---

Amount (\$) \$1,887.57 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7700 Northcross Drive Austin, TX 78757
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Troxcclair General <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Troxcclair, Ellen Office sought: Office held: City Council District 8
--	---

Date 12/08/2014	Payee name United States Postal Service
---------------------------	---

Amount (\$) \$745.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address City; State; Zip Code 7700 Northcross Drive Austin, TX 78757
---	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Troxcclair Position Comparison Piece <input type="checkbox"/> Check if Austin, TX, officeholder living expense
-------------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Troxcclair, Ellen Office sought: Office held: City Council District 8
--	---